

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005409

1. Entity Name

SHORE PROPERTIES, INC.

Principal Place of Business

11901 S. AUSTIN AVE  
STE 302  
ALSIP IL 60803

Mailing Address

11901 S. AUSTIN AVE  
STE 302  
ALSIP IL 60803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4270785

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAINOR, PAUL  
3728 PROSPECT AVE.  
RIVIERA BEACH FL 33404

Name  
Paul Trainor  
Street Address (P.O. Box Number is Not Acceptable)  
1101 13th Street W. PO Box 11325  
City  
Riviera Beach FL Zip Code  
33404

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Paul J. Trainor*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TRAINOR, THOMAS D	
STREET ADDRESS	11901 S. AUSTIN AVE	
CITY-ST-ZIP	ALSIP IL 60803	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PUIG, RICHARD	
STREET ADDRESS	189 HARBORSIDE CIRCLE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TRAINOR, PAUL	
STREET ADDRESS	3728 PROSPECT AVE	
CITY-ST-ZIP	RIVIERA BCH FL 33403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas D. Trainor	
STREET ADDRESS	11901 S. Austine Ave.	
CITY-ST-ZIP	Alsip, IL 60803	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J. Trainor, Jr.	
STREET ADDRESS	11901 S. Austin Ave	
CITY-ST-ZIP	Alsip, IL 60803	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Trainor	
STREET ADDRESS	1101 13th Street P.O. Box 11325	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas D. Trainor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01  
Date

708-239-0400  
Daytime Phone #

FILED  
Apr 07, 2001 8:00 am  
Secretary of State

04-07-2001 90020 019 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)